ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		05/17/01
O.I.P.E. CLASSIFIER		21	10/2/01
FORMALITY REVIEW	#5	56	07.47.61
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

 Rejected 	N Non-elected
= Allowed	IInterference
 (Through numeral) Canceled 	А Аррваі
÷ Restricted	O Objected

Ojaim Date	Claim	Date	Claim	Date
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5	56		106	<u> </u>
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	61		111	
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16	66	- - - - - - -	116	┦═┋┋┋┋
17	68	╼┼╌╁╌┼╌┼╌┼╌┤	117	┧═╏╸╏╸╏╸╏╸╏╸ ╏
	69	- - - - - - -	119	╎╸╏╸╏╸╏╸╏╸╏╸ ╏
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	74	-}-}-}-	124	╎┋┋┋┋
	75	╼╂┈╂╼┼┈╂╼╂┉╂	125	╎╸┞╸╂╸┠╸┠╸╂╸┞ ┈╂╾┨
25	76	╼╂╼╂╼╂╼╂╼╂╾╂═┥	126	┽╬┸╂╃┸┼┼┼┼┼
27	77	╼╂╌╂╼╂╌╂╼╂╌╂	127	┼┈╂┈╂┈╂┈╂┈╂┈╂┈ ╂
	78		128	╎╸╏╸┫┈╏╸╏ ╌╂╌╉ ╸ ╂┈┨
28 1 / / 29 1 N	. 79	╼╅╌╄╼╀┈┼╾╂╌╂═┼╍┧	129	┼╌╏╴╏╸╏╶╎╸╃╸╏╶╏╸ ┩
30	80	-}-}-}-}-	130	┦╌┞═╏╌╊═┪═╏╶┋═ ┪
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33	83	╼╂┈╊═╂┈╁═╂┈╂═╁┈┨	133	┼╴╏═╂╼╏┈╏═╃═ ╂═┨
34	84	-† -† † -	134	
35	85	- - - - - - - - - - 	135	┤╴┤╸┞╸┞╸┞╸ ┪
36	86		136	
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347	97		147	
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49	99		149	
50	100	-1-1-1-1-1-1	150	

If more than 150 claims or 10 actions staple additional sheet here

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